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DECEDENT SERVICES / ESTATE REFERRAL

COMPLETE THIS FORM THOROUGHLY. USE ADDITIONAL PAGES AS NEEDED.

PLEASE TYPE OR PRINT

REFERRING AGENCY or PARTY

DATE: _____ NAME OF PERSON MAKING REFERRAL: _____ FACILITY / AGENCY MAKING REFERRAL: _____ TELEPHONE NUMBER: _____	ADDRESS: _____ _____ _____	SIGNATURE: _____
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DECEDENT'S INFORMATION

NAME OF DECEDENT: _____		DATE OF DEATH: _____
A.K.A. _____		PLACE OF DEATH: _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____	PLACE OF BIRTH: _____
AGE: _____	ETHNIC ORIGIN: _____	
MOTHER'S MAIDEN NAME: _____		TELEPHONE #: _____
SOCIAL SECURITY #: _____		Note: If not a U.S. Citizen, attach immigration papers, if available.
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
HOME ADDRESS: _____ (Or Last Known Address)		
MILITARY SERVICE NUMBER (If applicable): _____		U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE'S INFORMATION (Information on Decedent's Spouse, if available.)

NAME: _____	DATE OF MARRIAGE: _____
MAIDEN NAME: _____	Address: _____
SOCIAL SECURITY No: _____	CITY: _____
DATE OF BIRTH: _____	STATE: _____ ZIP: _____
PLACE OF BIRTH: _____	TELEPHONE: _____
U.S. CITIZEN: VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	DATE OF DEATH (If Applicable): _____ If Deceased, PLACE OF DEATH: _____

Attach additional pages as needed to include all information possible.

RELATIVES, NEXT OF KIN AND SIGNIFICANT OTHERS:

Include family members and their relationship to Decedent, and emergency contacts; include addresses and telephone numbers. Attach additional sheets if necessary. Please indicate "None" if No Known Family.

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	PHONE NUMBER

NOTIFICATION:

WAS SPOUSE, NEXT OF KIN OR FAMILY MEMBER NOTIFIED OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who was notified and what is their relationship to the Decedent: _____ _____					
	Date and Time of Notification:	_____				
WAS CORONER INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
DID DECEDENT LIVE ALONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WITH WHOM DID DECEDENT LIVE?	<table border="1"> <thead> <tr> <th>NAME</th> <th>PHONE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	PHONE		
NAME	PHONE					

LAST WILL & TESTAMENT or COURT APPOINTMENT

IS THERE A WILL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Prepared: _____	Prepared By? _____
WHERE IS THE ORIGINAL WILL NOW?	IF FILED WITH THE COURT, WHAT DATE WAS IT FILED?	DID THE WILL NAME AN EXECUTOR / EXECUTRIX? <input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a Will, please ATTACH A COPY. Note: NRS 136.050 requires the Original Will be filed with the Clerk of the Court within 30 days from the date of death.	WAS THE EXECUTOR / EXECUTRIX CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID THE EXECUTOR / EXECUTRIX DECLINE TO ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THE COURT APPOINTED ANYONE TO ADMINISTER THE ESTATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHO WAS APPOINTED?	DATE APPOINTED:
DISTRICT COURT CASE # (If Applicable):	DEPARTMENT #:	

FUNERAL / BURIAL

SERVICES (i.e. Cremation, Burial, Etc.)	FUNERAL HOME / PHONE	ADDRESS	PAID BY (Attach Copy of Receipts for Mortuary, Funeral, Cemetery)	AMOUNT	INCLUDE RECEIPT
PREPAID PLAN			Did Decedent Have A Pre-Paid Funeral Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

Attach additional pages as needed to include all information possible.

ATTORNEY

DID DECEDENT HAVE A PRIVATE ATTORNEY? Yes No If Yes, ATTORNEY NAME:

ADDRESS AND TELEPHONE #: WAS ATTORNEY NOTIFIED OF DEATH? Yes No If so, who notified the Attorney: Date of Notification:

ACCOUNTANT

DID DECEDENT HAVE A PRIVATE ACCOUNTANT? Yes No If Yes, ACCOUNTANT NAME:

ADDRESS AND TELEPHONE #: WAS ACCOUNTANT NOTIFIED OF DEATH? Yes No If so, who notified the Accountant: Date of Notification:

INCOME SOURCES

Attach Additional Sheets as needed and Copies of Supporting Documentation.
(SOCIAL SECURITY {SSA OR SSI}, VETERANS AFFAIRS [VA], PENSION, ETC.)

TYPE/SOURCE	AMOUNT	ACCOUNT #	ADDRESS	CONTACT / PHONE

INSURANCE

INSURANCE POLICIES

(Life Insurance, Auto Insurance, Health Insurance, Homeowner's Insurance)

TYPE	COMPANY	POLICY #S	ADDRESS	CONTACT / PHONE

CREDITORS

Provide list of creditors for all bills that have not been paid. (Include any debts not paid during guardianship period that may need to be settled once assets are liquidated.)

NAME OF CREDITOR	ADDRESS	ACCOUNT #	ESTIMATED AMOUNT OWED

EXPENSES / COSTS

Include monthly expenses such as mortgage payments on real property, insurance payments on property or vehicles, utilities for real property, debts incurred under guardianship that may need to be settled once property is

Check for periodic updates of this Form on the Clark County Public Administrator's Website:

<http://www.clarkcountynv.gov/depts/pa/pages/default.aspx>

Attach additional pages as needed to include all information possible.

liquidated, i.e. legal fees, accounting fees, utilities, etc.)			
NAME OF COMPANY	ADDRESS	ACCOUNT #	ESTIMATED AMOUNT OWED

ASSETS AND INVENTORY

Attach Additional Sheets as needed and Copies of Supporting Documentation.
(BANK ACCOUNTS [CHECKING, SAVINGS, CD, IRA, TRUST FUND], INVESTMENTS [STOCKS], BONDS, GUARDIANSHIP TRUST, DEEDS OF TRUST, ETC.)

BANK / FINANCIAL INSTITUTIONS ACCOUNTS (Checking, Savings, CDs, Money Market, Safe Deposit Box)

ITEM (Cash, Checks, Checking, Savings, CDs, Etc.)	INSTITUTION NAME	ACCOUNT #	LOCATED AT	ESTIMATED VALUE

SAFE DEPOSIT BOX
 KEYS Yes No

REAL PROPERTY (House, Condominium, Land, Etc.)

ADDRESS (Include Unit # if Condo or Townhouse)	CITY/STATE/ZIP	PARCEL # (If Known)	VACANT	If Not Vacant, OCCUPIED BY	KEYS
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

MOBILE HOMES (Manufactured Homes)

YEAR	MAKE / MODEL	LICENSE #	SERIAL #	LOCATION OF VEHICLE	TITLE	KEYS
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional pages as needed to include all information possible.

ASSETS AND INVENTORY (Cont.)

VEHICLES (Cars, Trucks, Trailers, Travel Trailers, Boats, Motorcycles, Etc.)						
YEAR	MAKE / MODEL	LICENSE #	VIN #	LOCATION OF VEHICLE	TITLE	KEYS
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSONAL PROPERTY (Household Furnishings, Jewelry, Etc.)				
QUANTITY	TYPE OF ITEM	DESCRIPTION OF ITEM	LOCATION	APPRAISAL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

STORAGE UNIT				
NAME OF FACILITY	LOCATION (Address, City, State)	Unit #	Type of Items in Storage	KEYS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER ASSETS

CHANGE OF ADDRESS HAS BEEN SUBMITTED UNKNOWN NO YES
 IF CHANGE OF ADDRESS HAS BEEN SUBMITTED, ENTER ADDRESS WHERE MAIL IS DIRECTED: